

11/18/04

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/423943
		Filing Date	March 8, 2000
		First Named Inventor	Kuber T. Sampath
		Art Unit	1646
		Examiner Name	J. L. Andres
Total Number of Pages in This Submission	13	Attorney Docket Number	JJJ-P01-570

ENCLOSURES (Check all that apply)

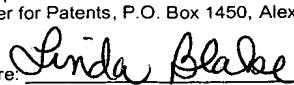
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Erika Takeuchi		
Date	November 17, 2004	Reg. No.	55,661

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ED 181235355 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 17, 2004

Signature:  (Linda Blake)

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PATENT & TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known	
Application Number	09/423943
Filing Date	March 8, 2000
First Named Inventor	Kuber T. Sampath
Examiner Name	J. L. Andres
Art Unit	1646
Attorney Docket No.	JJJ-P01-570

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number **18-1945**

Deposit Account Name **Ropes & Gray LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
<input type="text"/>					
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Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

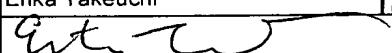
** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
1051	130	2051 65 Surcharge – late filing fee or oath	
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	110.00
1251	110	2251 55 Extension for reply within first month	
1252	430	2252 215 Extension for reply within second month	
1253	980	2253 490 Extension for reply within third month	
1254	1,530	2254 765 Extension for reply within fourth month	
1255	2,080	2255 1,040 Extension for reply within fifth month	
1401	340	2401 170 Notice of Appeal	
1402	340	2402 170 Filing a brief in support of an appeal	
1403	300	2403 150 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive – unavoidable	
1453	1,370	2453 685 Petition to revive - unintentional	
1501	1,370	2501 685 Utility issue fee (or reissue)	
1502	490	2502 245 Design issue fee	
1503	660	2503 330 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	790	2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810 395 For each additional invention to be examined (37CFR 1.129(b))	
1801	790	2801 395 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00)

(Complete if applicable)			
Name (Print/Type)	Erika Takeuchi	Registration No. (Attorney/Agent)	55,661
Signature		Telephone	(212) 497-3625
		Date	November 17, 2004

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